

The Role of Dentistry in the Hospital

Paul J. Willis, B.S.*

In October of 1945, Harry Archer, addressing a Temple University Dental Alumni group in Philadelphia, expressed his regrets that the dental profession had neglected hospital dental services for so long.¹ He said that a 1940 survey revealed that the few existing departments were inadequate and unorganized. This was due to undefined objectives of hospital dental care within the profession. The purpose of dentists in hospitals seemed to be to relieve the pain of inpatients who were hospitalized for other purposes.

Today, less than 20 years later, the dental profession has defined and accepted certain objectives and goals regarding hospital dental care. Now the problems facing the profession are how to improve its present hospital clinics, how to establish more of them, and how to raise the profession's status in the eyes of the medical profession. Only by recognizing dentistry as an integral part of medical care will the public, the patient, and the dental profession benefit.

There is a difference between a dental hospital that offers only dental services and a dental service in a hospital. I am concerned here only with dental services in general hospitals and in special hospitals, such as mental and tuberculosis hospitals. Attempts have been made to establish dental hospitals but these are expensive to set up and maintain and

defeat the purpose of establishing dentistry as an integral part of medical care.² The dental profession believes that a hospital exists to offer complete medical services to the public, and only by including dentistry as one of its services can the hospital fulfill its purpose.

Before a profession can do something about a problem it must recognize that such a problem exists. From dentistry's recognition as a profession in the mid 1700's until the 1900's, many uncoordinated efforts were made to organize dental services.³ In 1896, Austin Sniffen, joined the staff of a New York mental hospital and started the first dental service in this type of hospital.⁴ About 1905, dentistry in state mental hospitals had its real beginning; today almost all state mental hospitals have well-organized dental clinics.⁵

History of hospital dental services

The first complete dental service to be established in a general hospital was in the Philadelphia General Hospital in 1901. John Shoemaker, a physician and then the President of the Board of Charities and Correction of the City of Philadelphia, discovered that the patients in the hospital needed dental care. The board appointed an oral surgery staff, headed by Matthew Cryer, of four dentists and two dental interns who were to treat patients and hold teaching clinics for dental students in the city.⁶ Thus the first hospital dental clinic served two purposes: patient care and student training—the main ob-

*Sophomore Dental Student, University of Illinois College of Dentistry, Chicago, Illinois.

jectives of hospital dental services today.

Although individual efforts had been made, the medical and dental professions, as groups, did not thoroughly explore the situation until 1938. In that year the American Hospital Association, with the American and Canadian Dental Associations, studied the need for hospital dental services. The group prepared the *Manual on Dental Care and Dental Internships in the Hospital*. The information included was approved and recognized by the American Hospital Association in 1941.⁷

Meanwhile, the Council on Dental Education was studying this problem and beginning to make public its approval of more cooperation and interaction between the medical and dental professions through the hospital. The American College of Surgeons in 1943 adopted a minimum standard for dental departments in hospitals.⁸ Later that year the American Dental Association formed committees to study basic minimum standards and decide which standards they could adopt. Also in 1943, the American Dental Association established the Council on Hospital Dental Service, which gives accreditation to hospital dental services.⁹ The Council also works with the Joint Commission on Accreditation of Hospitals to establish, maintain and improve standards of dental clinics in hospitals.

Functions of hospital dental services

The Council on Hospital Dental Service recommends four main functions for hospital dental services.¹⁰ These are administrative, consultative, educational and clinical.

The administrative clause recommends that the dental department be responsible for its own administration and that it organize the department in accordance with the rules and standards of the hospital. A dental administrator should work with the heads of other departments in the hospital.

The consultative role of the dental department would be to advise physicians on the oral health of their patients; the dentists would be available to diagnose oral manifestations in the mouth which might be indicative of a systemic disorder. On the other hand, physicians would be available in the hospital to assist the dentist with problems beyond his realm of knowledge.

The educational function of the dental department is of prime concern. Dental internships provide advanced training for the dentist while familiarizing him with hospital procedures. Dental internships could help provide the answer to the public need for dentists, especially for the indigent. The medical profession has been doing this for years. The Council on Dental Education approves 196 internships and 131 residencies in 218 of the nearly 7,000 hospitals in the United States today.¹¹ New York and Philadelphia hospitals offer the greatest number of these internships; the others are sparsely scattered throughout the country. This is inadequate considering the number of graduating dentists per year and the number of hospitals with no available dental internships or residencies.

The clinical functions can be accomplished through outpatient and inpatient services. Outpatient services usually consist of available emergency

care and clinics for the indigent. Much depends on the type of hospital and the community it services. Some communities would benefit from an emergency outpatient clinic but would not frequent the main clinic for routine care. Most hospitals with dental services provide an outpatient emergency clinic. Because of the lack of dental interns, however, outpatient clinics for routine care are not prevalent. This is an area in which the dental profession can make much progress.

Extent of hospital dental services

There are many alternatives as to the extent and type of services that should be rendered for inpatients. One should first consider what dental services should be performed in a hospital rather than in the office. Some dentists administer general anesthetics in the office for many dental procedures. Hospitalizing the patient, however, assures better post-operative care and the use of hospital facilities in the case of an emergency during anesthesia. Many patients carry insurance which would cover at least part of the expenses.

Patients hospitalized for long periods may require complete dental care. This pertains to patients in mental, veterans, and tuberculosis hospitals and to those hospitalized with long-term illnesses. Most federal hospitals serving these patients have dental departments. According to a survey conducted in 1958 almost 97 per cent of all federal hospitals had complete dental services.¹² In state, local and privately owned general hospitals there also are many patients who require dental treatment and who should be treated in a dental department in the hospital.

One of the main aspects of hospital dentistry under consideration is that of hospitalizing patients for involved dental procedures which presently are performed in private offices. This pertains to two types of dental patients. The first group are those who are mentally or physically disabled but not hospitalized. Included in this group are the senile and children who are emotionally unable to withstand numerous and tedious office visits. Controlled anesthesia can be administered to these patients in a hospital, and most work can be accomplished at one time. This procedure is advantageous to the patient emotionally and enables the dentist to work without interference from the patient.

Another consideration is that of administering general anesthetics to patients who hesitate to seek dental care because of extreme fear or lack of time. Although patients are sometimes hospitalized for multiple extractions or other surgical procedure, hospitalization is not as common for extensive, routine dental care. For example, a highly neurotic patient can have four or five teeth prepared for full crowns at one time if he is under controlled general anesthesia. Patients requiring full mouth gingivectomies can be treated in the same manner.

Recognizing the need for wide-range dental services in hospitals, the Council on Hospital Dental Service has recommended that the following services be available: dental roentgenology, oral hygiene, oral pathology, oral surgery, periodontics, restorative dentistry, and pedodontics (which should include an orthodontics service).¹³

Examples of hospital dental services

The Hollywood Presbyterian Hospital in Los Angeles has a dental clinic that is a section of the Eye, Ear, Nose and Throat department. It is equipped with two operating rooms. Treatments offered include routine dental care, in addition to surgery for which the patient can best be treated under general anesthesia. The dental service also includes a 24-hour, emergency outpatient clinic, where the main objective is to relieve pain and treat acute emergencies and then to refer the patient to a private dentist. The clinic is in the process of establishing a dental diagnostic center and a research and education dental clinic.¹⁴

Our Lady of the Lake Hospital in Baton Rouge, La., has 50 active members on the dental staff, two of whom are oral surgeons and the remaining general practitioners. They have a complete operating room with ten anesthesiologists available. The treatment administered covers almost every phase of dentistry: treatment of complicated fractures, extractions of impacted teeth, full-mouth extractions, gingivectomies, and the preparation and insertion of multiple restorations.¹⁵

Dentists at Lackland Air Force Base in Texas are confronted with two major problems. Many of their patients have never been to a dentist or have gone only in emergencies which usually resulted in extraction of a painful tooth. Other men are stationed at the base for such a short period that numerous office sittings are not possible. These patients are hospitalized, and complete treatment is given them at one time. The dentists believe that the advantages are

(1) control of fear, (2) better pre-operative preparation and postoperative care, (3) better use of available time, and (4) minimal postoperative complications.¹⁶

And what has happened to the dental clinic of the Philadelphia General Hospital? From the 1901 staff of four dentists and two surgery interns, it has grown to a staff of 22. This includes a chief of the entire service, six visiting chiefs—two oral surgeons and one each for oral medicine, prosthodontics, restorative dentistry and dental roentgenology. There are four visiting assistants, one oral surgery resident, two dental hygienists and eight rotating interns. The clinic offers almost all dental services. It also takes pride in having established the first rotating dental internships in 1948.¹⁷

Conclusions

These are only a sample of the dental services offered in United States hospitals today. In 1960, the American Hospital Association stated that 2,352 hospitals out of the 7,000 hospitals in the United States had dental departments.¹⁸ Few of them, unfortunately, are as well staffed or offer as many types of services as those I have described. The less well-staffed hospitals and the ones having no dental departments are the ones that the dental profession must concentrate its endeavor to include dentistry as an important phase of overall medical care.

Irving Gruber predicted in March, 1962, at a conference on Hospital Dentistry in Rochester, N. Y., that the hospital of tomorrow will include all phases of dentistry on an inpatient and outpatient basis. He believes that

the hospital also will include an internship and residency program that will be on a par with that offered to the physician. He emphasized that he was making these predictions based on progress to date rather than on prophetic dreams.¹⁹

The responsibility to promote the concept that a dentist should be a respected member of a hospital staff falls on the local dental societies and the individual dentist. Dental groups can establish dental departments in the hospitals of their communities, but the dentist must take advantage of the available service. By so doing, he can instill in his patients the idea that a dentist, like a physician, has a private office and is affiliated with a hospital to which he can take his patients when necessary. The dental profession has been traveling uphill in this endeavor. It is the responsibility now of every dentist and future dentist to continue to pursue this course.

References

1. Archer, Harry W.: The responsibilities of the Hospital Staff Dentist. *Pennsylvania State Dental Journal*, 3; 149-151, February 1946.
2. Cimring, Harry: An Unusual Example of Hospital Dentistry. *TIC Magazine*, 12; 1-5, August 1963.
3. Friedrich, Rudolph H.: Dentistry in Hospitals. *Journal of the American Hospital Association*, May 1, 1957.
4. Sniffen, D. Austin: The Value and Progress of Dental Departments in Mental Hospitals. *New York State Dental Journal*, 13: 144-146, March 1947.
5. Ibid., p. 144.
6. Ivy, Robert H.: Fifty Years of Dental Service and Internship at the Philadelphia General Hospital. *Oral Surgery, Oral Medicine, & Oral Pathology*, 5: 335-39, April 1952.
7. Archer, loc. cit., 149-151.
8. Ibid., p. 150.
9. Guaralnick, Walter C.: Hospital Dental Services. *Harvard Dental Alumni Bulletin*, 20: 56, April 1960.
10. Council on Hospital Dental Service. Basic Standards of Hospital Dental Service. *The Journal of the American Dental Association*, 62: 106-109, January 1961.
11. Allison, Morgan L.: Dental Internships and Residencies. *Journal of Oral Surgery, Anesthesia & Hospital Dental Service*, 20: 60-61, January 1962.
12. Survey of Hospital Dental Departments. *The Journal of the American Dental Association*, 62: 139, January 1961.
13. Council on Hospital Dental Service. loc. cit., p. 106-109.
14. Cimring: loc. cit., p. 1-5.
15. Konikoff, Ben S., and McHardy Colin: Operation of a General Hospital Dental Staff. *Journal of Oral Surgery, Anesthesia & Hospital Dental Services*, 20: 331, July 1962.
16. Burch, Richard J., and Shuttee, Thomas S.: Hospitalization of the Dental Patient Requiring Extensive Treatment. *Journal of Oral Surgery, Anesthesia & Hospital Dental Services*, 18: 424-429, September 1960.
17. Ivy: loc. cit., p. 335-339.
18. Survey of Hospital Dental Departments, loc. cit., p. 139.
19. Gruber, Irving E.: Hospital Dentistry Tomorrow. *New York State Dental Journal*, 28: 458-459, December 1962.